

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09774626

FILING DATE

02-05-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		2			52	1					
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10			1				60						
11			1				61						
12				1			62						
13			1				63						
14				1			64						
15				3			65						
16				1			66						
17				4			67						
18				1			68						
19							69						
20							70						
21							71						
22							72						
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38							88						
39							89						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		5				TOTAL IND.						
TOTAL DEP.	8		19				TOTAL DEP.						
TOTAL CLAIMS	9		24				TOTAL CLAIMS						